						LTH STAND	ARD CE	RTIFICATE	OF DEATH		E63-04	7502
DEPA	RTME	NT D	FPU		HEALTH AND WE	ELFARE 82 Dia	nam Benjatration	District No. 30	5/7 Registrar's	Na 166 -	STATE FILE	NUMBER
DO NOT WRITE ON THIS STUB		MENDE	D	Ē	LED DEC 3	0.1000		T Diamer No. pegas			-	
VS 300	<u>@</u>			1		ooper			a. STATE	MO . b. COU	ed lived. If institution of the company of the comp	
Rev. 4/59	ENDED				OD .	rporata limits, give TOWN	SHIP only)	Length of stay in	ib c. CITY			Inside Limits
	AME	11			TOWN B	Soonville		2 yrs	OR TOWN	Buncetor	1	Yes □ No □X
20275 20270	<u>~ </u>				HOSPITAL OP	NOT in hospital, give local self.		Inside Limi	AUDBESS	RFD #2	rtside, give location)	Reside on Farm Yes 20 No □
			\dashv	_3	NAME OF DECEASED	First		Middle	Last	4. DATE	Month Da	y Year
3 ,					(Type or print)	WILLIAM		_	WITZKY	i or		27, 1963
À O		Hi		<u> </u>	. SEX	6. COLOR OR RACE	7. Married				nhday) IF UNDER 1 Y	
5 /				_	male	white	Widowed				Months Da	ys Hours Min.
				10	a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF	BUSINESS OR INDU			ountry) 12. CITIZEN	OF WHAT COUNTRY
6	ହ [ା				tree mon farin	even If retired)	agri	culture	Cooper	County,	Mo. Js	Α.
7				13	a. FATHER'S NAME			OTHER'S MAIDEN	IAME	14. NA/	ME OF HUSBAND OR V	
					Robert C	. Schwitzky	7 W11	helmina	Johnmeyer	· Win	iona Meyer	•
8 2	ا ای	- 1		15	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY N	D. 17. INFORMANT		Address	
9222x	۱ ا سا			(Y		yes, give wer or dates of			Mrs W.	R. Schwit	zky Boon	ville. Mo
- T	₹ .		Έ		18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	: /					ONSET AND DEATH
10	ا يا ڥ	-	WE			IMMEDIATE CAUSE (a	RETURNE	NT CELEBRA	LTHRombos/S	10174 ROTHE	n/ILEGIA	14 HOURS
11			DOCUMEN	.							/	_
120/	FACE		2		Conditio	ns, if any,] DUE TO (I	OCEAE	BRAL ARTO	LIOSCLERO	5 /5		YEARS.
	NST IS				abova (ave rise to cause (a),						
- 1 - 1	╌┟╼┤		-		lying c	the under-) ause last. DUE TO (<u> </u>
	zli	- 1 1	ļ									d was female wa
-10	וס			중	PART 11.	OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH but not related	to the terminal	PART III. If decease there a pre	ed was female wa egnancy in last 90 days
	이			ATION	1	disease condition given	In PART I (a)	1.			there a pre	
	이			3	ARTERIOSCE	disease condition given	in part i (a) "D <i>isea</i> se	: Previou	s STROKES	,	there a pre	gnancy in last 90 days ☐ No ☐ Unknown
	이			3	ARTERIOSCE 19. WAS AUTOPSY PERFORMED?	disease condition given	in part i (a) "D <i>isea</i> se	: Previou	s STROKES	,	There a pro	gnancy in last 90 days ☐ No ☐ Unknown
	이		:	L CERTIFICATI	ARTERIOSEL 19. WAS AUTOPSY PERFORMED? YES NO [2]	EROTIC HEALT 20a. ACCIDENT SUICID	IN PART I (A) DISEMSE IE HOMICIDE	: Previou	s STROKES	,	There a pro	gnancy in last 90 days ☐ No ☐ Unknown
Z.				L CERTIFICATI	ARTERIOSCE 19. WAS AUTOPSY PERFORMED?	EROTE HEALT 20a. ACCIDENT SUICID Month, Day, Year	IN PART I (A) DISEMSE IE HOMICIDE	: Previou	s STROKES	,	There a pro	gnancy in last 90 days ☐ No ☐ Unknown
Z.	이			3	PREFERENCE 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY D	Month, Day, Year 20e. PLACE 20e. PLACE	DE INJURY (e.	20b. DESCRIBE	s STROKES	RED. (Enter nature of)	There a pro	gnancy in last 90 days ☐ No ☐ Unknown
INK RIBBON	AMENDMENTS O			L CERTIFICATI	PRICE SCL 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY a.m. p.m.	Month, Day, Year Depth 20e. PLACE farm,	DE INJURY (e.	20b. DESCRIBE	STROKES HOW INJURY OCCUR	RED. (Enter nature of)	there a pre	egnancy in last 90 days No Unknown RT II of item 18.)
INK RIBBON	AMENDMENTS O			L CERTIFICATI	PRICE SCL 19. WAS AUTOPSY PERFORMED? YES NO Z 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT V	Month, Day, Year MORK	OF INJURY (e.	20b. DESCRIBE	STROKES HOW INJURY OCCUR	RED. (Enter nature of)	njury in PARI I or PAI	gnancy in last 90 days No Unknown It II of item 18.)
INK RIBBON	AMENDMENTS O			L CERTIFICATI	PREFORMED? PERFORMED? PERFORMED? YES NO	Month, Day, Year Month, Day, Year 20e. PLACE farm, Ceased from.	DE INJURY (e.	g., in or about homotifice bldg., etc.)	STROKES HOW INJURY OCCUR	OR LOCATION and last saw him alive	there a pre	gnancy in last 90 days No Unknown It II of item 18.)
INK RIBBON	AMENDMENTS O		4	L CERTIFICATI	PRTERIED SCL 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY e.m. p.m. 20d. INJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK OF WHILE AT WORK OCCURRED AS A STATE OF THE PROPERSION OF THE PROPERTY OF THE PRO	Month, Day, Year Month, Day, Year 20a. ACCIDENT SUICID Month, Day, Year ED 20a. PLACE farm, Ceased from 12	DISEMSE HOMICIDE OF INJURY (e. fectory, street, c. 27/63	g., in or about homotifice bldg., etc.)	STROKES HOW INJURY OCCUR	OR LOCATION and last saw him alive	COUNTY	gnancy in last 90 days No Unknown It II of item 18.)
INK RIBBON	AMENDMENTS O		I OF	L CERTIFICATI	PREFORMED? PERFORMED? PERFORMED? YES NO	Month, Day, Year Month, Day, Year 20e. PLACE farm, NORK	OF INJURY (e. fectory, street, c	g., in or about homotifice bldg., etc.)	HOW INJURY OCCUR	OR LOCATION and last saw him alive, and to the best of	COUNTY COUNTY The on 12/27/6 The on 12/27/6	In Isst 90 days In Isst 90 days In Isst 90 days In Isst 90 days Issued I
Z.	SHOULD READ		l l.	, MEDICAL CERTIFICATI	PRTERIOSCI 19. WAS AUTOPSY PERFORMED? YES NO	Month, Day, Year Month, Day, Year 20a. ACCIDENT SUICID Month, Day, Year ED 20a. PLACE farm, Ceased from 12	OF INJURY (e. fectory, street, c. 27 63 3; 50	g., in or about homotifice bldg., etc.)	HOW INJURY OCCUR	OR LOCATION and last saw him alive, and to the best of 23d. LOCATION (C	COUNTY COUNTY re on 12/27/emy knowledge, from the county in the county	In Isst 90 days In Isst 90 days In Isst 90 days In Isst 90 days Issued I
INK RIBBON	SHOULD READ		l l.	, MEDICAL CERTIFICATI	PRTERIOSCI 19. WAS AUTOPSY PERFORMED? YES NO	Month, Day, Year Month, Day, Year 20a. ACCIDENT SUICID Month, Day, Year ED 20a. PLACE farm, Ceased from 12	OF INJURY (e. fectory, street, c	g., in or about home office bldg., etc.) To grant to more than the control of th	HOW INJURY OCCUR	OR LOCATION and last saw him alive, and to the best of 23d. LOCATION (C. RF'D. BOOK	COUNTY COUNTY To on 12/27/6 my knowledge, from the county of county County To on 12/27/6 T	In Isst 90 days In Isst 90 days In Isst 90 days In Isst 90 days Issued I
INK RIBBON	AMENDMENTS O		AFFIDAVIT OF	MEDICAL CERTIFICATI	PR TERLOSCI. 19. WAS AUTOPSY PERFORMED? YES NO 27 20c. TIME OF Hour INJURY E.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OCCURRED TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	Month, Day, Year Month, Day, Year ED WORK 20e. PLACE farm, Ceased from 12 23b. DATE 12/29/63	OF INJURY (e. fectory, street, c	g., in or about home office bldg., etc.) To grant to more than the control of th	HOW INJURY OCCUR	OR LOCATION and last saw him alive, and to the best of 23d. LOCATION (C. RF'D. BOOK	COUNTY COUNTY COUNTY The on 12/27/6 The on	STATE 22c. DATE SIGNE (State)
INK RIBBON	SHOULD READ		l l.	MEDICAL CERTIFICATI	19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 2 20c. TIME OF Hour a.m. p.m. 20d. INJURY OCCURR! WHILE AT WORK NOT WHILE AT V 21. I attended the de Death occurred a 22a. SIGNATURE a. BURIAL, CREMATION, REMOVAL (Specify) DUP 12 1	Month, Day, Year Month, Day, Year ED 20e. PLACE farm, Ceased from 12 23b. DATE 12/29/63 ADI	OF INJURY (e. fectory, street, c	g., in or about home office bldg., etc.) To grant to more than the control of th	HOW INJURY OCCUR	OR LOCATION and last saw him alive, and to the best of 23d. LOCATION (C. RF'D. BOOK	COUNTY COUNTY To on 12/27/6 my knowledge, from the county of county County To on 12/27/6 T	STATE 22c. DATE SIGNE (State)

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" " TATE OF BUILDING

STATEMENT BY LICENSED EMBALMER

i nereby certify that the body whose name is	recorded on the reverse side of this certificate was empained by me,
or by	, Student Embalmer No
vorking under my personal supervision.	1111
itudent	Signed Lerry W. Thacker
Signature of Student Embalmer	. organization of the contract

Licensed Embalmer No. 394

P. O. Address Donville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above:

.c. .eilivst.